

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/355203305>

# Antenatal care (Tadabeer-E-Haamla) in Unani Medicine

Article · January 2015

---

CITATIONS

2

READS

1,543

2 authors, including:



Malik Itrat

National Institute of Unani Medicine

86 PUBLICATIONS 370 CITATIONS

[SEE PROFILE](#)

# Antenatal Care (*Tadabeer-E-Haamla*) in Unani Medicine

Atiya Khan, Malik Itrat\*

Department of Tahaffuzi wa Samaji Tib, National Institute of Unani Medicine, Bangalore, India

## Abstract

Systematic care of women during pregnancy is called antenatal care. Good care during pregnancy is important for the health of the mother and the development of the unborn baby. Ideally, the care should begin soon after conception and continue throughout pregnancy. There are potential benefits from some of the elements of antenatal care, and these benefits may be most significant in developing countries where morbidity and mortality levels among reproductive-age women are high. The primary aim of antenatal care is to achieve at the end of pregnancy a healthy mother and healthy baby. Every science, tradition, therapy has tried to make the process safe, less painful, and successful. Unani medicine being the ancient scientific medicinal systems of the world has a significant contribution in the field of human reproduction and after thousands of years; the principles are constant and still can be utilized to find solutions to the increasing problems connected with the future progeny. In various Unani texts, the comprehensive explanation of antenatal care is mentioned under the heading of "Tadabeer-e- Haamla." There is a detailed description about presumptive and definitive signs of pregnancy, dietary regimens and lifestyle during pregnancy. Unani literature records numerous single and compound formulations for general wellbeing and management of common ailments during pregnancy. In this paper, the authors have tried to highlight the strength of Unani medicine in antenatal care.

**Keywords:** Antenatal care, *Tadabeer-e-Haamla*, Unani medicine

\*Author for Correspondence E-mail: malik.itrat@gmail.com

## INTRODUCTION

The process of pregnancy and childbirth is essential and crucial event of human life and it needs great attention and care. A mother has the seed of next generation, and for this reason she is highly regarded. She keeps next progeny like her body part more than nine months and pampers with her precious blood and bears a severe pain during the delivery of a baby. Every year, it claims millions of lives around the world [1, 2]. It has been estimated that 25% of maternal deaths occur during pregnancy, with variability between countries depending on the prevalence of unsafe abortion, violence, and disease in the area. Between a third and a half of maternal deaths are due to causes such as hypertension (pre-eclampsia and eclampsia) and antepartum hemorrhage, which are directly related to inadequate care during pregnancy.

Certain pre-existing conditions become more severe during pregnancy [3]. India has the largest number of births per year (27 million) in the world [4]. With its high maternal

mortality of about 300–500 per 100,000 births; about 75000 to 150,000 maternal deaths occur every year in India [4, 5].

This is about 20% of the global burden; hence India's progress in reducing maternal deaths is crucial to the global achievement of Millennium Development Goal-5 (MDG 5). These figures emphasize the importance of proper action to make motherhood safer. World has felt the need for a safer motherhood, accordingly WHO has launched many programs. Four pillars of WHO safe motherhood initiative include provision of antenatal care facilities, clean and safe delivery, family planning and contraception and provision of emergency obstetric care [6]. Among these, ANC is considered best because it is better to play safe rather to have a penalty.

Good care during pregnancy is important for the health of the mother and the development of the unborn baby. To look after a pregnant woman appropriately, it becomes an honorable responsibility for all of us. Hence every

science, tradition, therapy has tried to make the process safe, less painful, and successful. Antenatal care should be provided by a small group of healthcare professionals with whom the woman feels comfortable. There should be continuity of care throughout the antenatal period. It should be readily and easily accessible to all pregnant women and should be sensitive to the needs of individual women and the local community [3].

Unani medicine being the ancient scientific medicinal system of the world has a significant contribution in the field of human reproduction and after thousands of years, the principles are constant and still can be utilized to find solutions to the increasing problems connected with the future progeny. Care of pregnant women is discussed under the heading of "*Tadabeer-e-Haamla*." There is a detailed description about presumptive and definitive signs of pregnancy, dietary regimens and lifestyle during pregnancy and management of common ailments in pregnancy, such as morning sickness, loss of appetite, edema, constipation, palpitation, bleeding per vaginum, etc. [7–11].

### Signs of Pregnancy

Unani physicians have mentioned various signs of pregnancy which can be divided into presumptive and confirmatory signs. These are:

- Cessation of menses.
- Engorgement of breasts.
- Craving for unusual articles of food especially in second or third month.
- Nausea and vomiting.
- Loss of appetite.
- Restlessness.
- Fatigue.
- Giddiness.
- Urine of pregnant woman is clear and has haziness on the top. Occasionally in pregnancy, the urine has the color of chickpea water. On the top of urine, there is mistiness and there is a sought of carded cotton in the midst of it. Frequently, there is something like granules moving up and down. If the bluish tint is quite distinct, it is a sign of beginning of conception. When it gives place to redness, the pregnancy is in an advanced stage, especially if the urine becomes turbid on being shaken.

- Pulse of pregnant woman becomes large, swift and frequent.
- Ibne Sina has mentioned that for confirmation of pregnancy give two spoons of honey to woman, if she complains of spasms in stomach, it means she is pregnant [7–12].

### Diet and Supplements

- The diet of a pregnant woman should be light, nutritious and easily digestible such as chicken, mutton, half-boiled eggs, etc. [8, 12].
- Pregnant woman should be advised to take frequent meals in small quantities [8].
- Fruits like apple, *vitis*, quince, orange, pear and pomegranate are recommended [7, 12].
- Foods which have emmenagogue and diuretic effects like horse gram, Chinese beans, caper, white lupine and olive should be avoided as they may cause abortion [8, 12].
- Foods which are difficult to digest and produce gases and bad humors should also be avoided [13].

### Sleep and Rest

The pregnant woman may continue her usual activities throughout pregnancy, but hard work should be avoided especially in first trimester and last six weeks of pregnancy. Duration of rest and sleep should be increased in pregnancy [8, 9, 11].

### Hammam

According to *Ibne Sina*, *Hammam* is contraindicated to pregnant women in first and third trimester, while *Zakariya Razi* has mentioned in *Kitabul Mansuri* that near term, pregnant should stay in *hammam* for at least one hour [8, 10].

### Dalak

Near-term, pregnant should be massaged on back and abdomen [8].

## COMMON AILMENTS OF PREGNANCY

### *Qai wa Ghisyaan* (Emesis gravidarum)

This is most common problem of pregnancy occurs due to accumulation of *Madda* (potential matter) in stomach. So in mild condition, it should not be stopped as it does

*Tanqiya* (evacuation) of stomach. But if condition worsens, proper care should be taken. The Unani formulations, which can be given to stop emesis, are *Qurs Tabasheer*, *Qurs Ood* with *Jawarish Mastagi* or *Anooshdaru*, *Sikanjbeen Saada* or *Sikanjbeen Lemuni* with *Gulqand*. Citrus fruits are given especially in early morning before getting out from bed on empty stomach [8, 13].

#### **Zoaf-e-ishteha (Loss of Appetite)**

It is quite a common problem usually in first trimester and occurs due to accumulation of *Madda* in *Meda* (potential matter in stomach) that ultimately causes *Zof-e-Meda* (weakness of stomach). So, *Muqawwiyat-e-Meda* (stomach tonic) medicine will help it out. To improve appetite *Jawarish Ood Tursh* (9 g), *Sikanjabeen Lemuni* (20 mL) can be given. *Mastagi*, *Kundur*, *Piyaz*, *Khardal* can also be given to increase the appetite. *Tukhm Karafs*, *Anisoon*, *Razyana* with *Sharbat Angoor* are also useful in this condition [7, 8, 14, 15].

#### **Qabz (Constipation)**

This is also one of the usual problems of pregnancy and it increases with the duration of pregnancy. Mild laxatives such as latex can be given to relieve the problem. *Gulqand* with *Sikanjbeen* is also beneficial and safe in this condition [7, 14].

#### **Jiryaan Mahbali (per vaginam Bleeding)**

During pregnancy, if woman bleeds per vaginum, then it should be treated with Sitz bath of *Qabiz wa Habis* (astringent and styptic) drugs like *Masoor*, *Post Anar*, *Gulnar*, *Mazu*, *Baloot*. These drugs can also be used locally as *Zimad* (ointment) on lower abdomen [7].

#### **Tahabbiuj (Edema)**

It can be treated with local application of *Barg Karnab*, *Turanj* and formulation of *Elwa*, *Sandal*, *Foful*, *Inab-us-Salab* [7].

#### ***Khafqan* (Palpitation)**

As pregnancy is a demanding physiological condition of body, where more work is required for body organs so from heart. So, heart needs more *Quwat* (power) and assistance to withstand this demand. Irony, that being in ancient time without any concept of cardiac output, these great Unani scholars knew this need and they advised use of *Muqawwiyat-e-Qalb* (cardiac tonic) during pregnancy. Lukewarm water with *Arq-e-Gulab* is advised in this condition. *Arq-e-Gaozaban*, *Arq-e-Badranjboya*, *Mufarreh Yaqooti*, *Sharbat Angoor*, *Dawaal Misk* may also be given. Other compound formulations for same purpose are *Khameera Gauzaban Ambari*, *Khameera Marwareed*, *Tiryaq Farooq* and *Tiryaq Akbar* (Table 1)[7, 9, 14].

#### ***Aadti Isqaat* (Habitual Abortion)**

Patients of this condition should be treated before conception. It mainly occurs due to the pathology in uterus, which occurs either due to *Ratubat Mukhati* (mucoid fluids) or due to the accumulation of *Reeh* (gasses) in uterine cavity. If it is due to accumulation of *Ratubat Mukhati*, then it can be treated with *Maul-Usool*, *Roghan Baid-Anjeer* and *Roghan Badam* along with *Iyaraj Faiqra* or *Iyaraj Jalinoos*. If it is due to accumulation of *Reeh*, then *Mohallil Riyah* (carminatives) drugs should be given like *Tukhm Karafs*, *Anisoon*, *Ajwain*, *Saatar*, *Anjdaan Siyah*, *Nagarmotha*, *Podina Khushk*, *Narkachoor* in equal quantities; make powder of these and give it in dose of 5 g along with *Sharab Rehani*.

Another effective prescription for Sitz bath is *Gul-E-Surkh* (24 g), *Gulnar*, *Kazmazag* (18 g), *Barg Moorad* (14 g), *Shibb-e-Yamani*, *Post Anaar*, *Mazoo* (10.5 g). Other compound drugs for this purpose are *Majoon Dandaan-e-Feel*, *Dawaal Misk*, *Sharbat Seb*, *Halwa Suparipak*, etc. [7, 13].

**Table 1: List of Compound Formulations Mentioned in Unani Literature for Care of Pregnant Women [14–17].**

Unani formulation	Action	Therapeutic use	Dose
<i>Dawa-ul-misk</i>	Stomach tonic, cardiotonic, tonic for vital organs	Palpitation, general weakness	5 g
<i>Khameera gauzaban ambari</i>	Cardiotonic, nervine tonic	Weakness of heart and brain, palpitation	5–10 g
<i>Khameera marwareed</i>	Cardiotonic	Palpitation, general weakness	3–5 g
<i>Qurs hawamil</i>	Fetal protective	Nausea and vomiting during pregnancy	1 tab (775 mg) twice a day
<i>Kushta faulad</i>	General tonic, hematopoietic, liver stimulant	Anemia, general weakness	60 mg with <i>Jawarish Jalinoos/Dawaal Misk moatdil</i>
<i>Sikanjbeen lemuni</i>	Antipyretic, antiemetic	Fever, nausea, vomiting, excessive thirst	25 mL
<i>Jawarish amla saada</i>	Stomach and brain tonic, febrifuge of liver, liver tonic	Palpitation, indigestion	5–10 g
<i>Jawarish anarain</i>	stomach tonic	Anorexia, vomiting, indigestion	5–10 g
<i>Jawarish mastagi</i>	Stomach, intestinal and liver tonic	Anorexia, nausea and vomiting, indigestion	5–10 g
<i>Jawarish Ood tursh</i>	Appetizer, digestive, antibile	Heartburn, anorexia, nausea and vomiting	5–10 g
<i>Mufarreh yaqooti</i>	Cardiac, brain and liver tonic	Palpitation	5 g
<i>Anooshdaru</i>	Stomach and intestinal tonic	General weakness, palpitation, anorexia, vomiting	5–10 g
<i>Anooshdaru luluvi</i>	Cardiotonic, digestive, nervine tonic	General weakness, indigestion	5–10 g
<i>Qurs mastagi</i>	Stomach tonic	Hiccup, vomiting	3–5 g
<i>Majoon hamal ambari alwi khan</i>	Uterine tonic	Habitual abortion, difficulty in conception	5–10 g
<i>Majoon muqawwi rahem</i>	Hematopoietic, uterine tonic	Uterine atony, menorrhagia, leucorrhoea	5–10 g
<i>Majoon muin hamal ambari</i>	Foetal protective	Habitual abortion, difficulty in conception	6 g with milk in morning
<i>Qurs Alkali</i>	Antacid	Belching and burning of throat and chest	2 tabs (each 585 mg) after meal

## CONCLUSION

Unani system of medicine has a great contribution in every aspect of human health. It has a rich heritage of knowledge about human reproduction and regimens to provide assistance in this process and management as well. Not only drugs but dietary and other lifestyle modifications are well described to improve the outcome of pregnancy. Thus, the potential of this system can be utilized to find solutions to the increasing problems connected with the reproductive health.

## REFERENCES

1. Reduction of maternal mortality: A joint WHO/UNFPA/UNICEF/World Bank statement. Geneva: World Health Organization. 1999.
2. Sharma PM. Antenatal care and Ayurveda. *Journal of Ayurveda and Yoga*. 2011. Available from: [www.google.com](http://www.google.com). [Cited on 8 July 2015].
3. Ronmans C, Graham WJ. Maternal mortality: Who, when, where, and why. *Lancet*. 2006; 368(9542): 1189–200p.

4. Maternal mortality in India: 1997–2003. Trends, causes and risk factors. New Delhi: Registrar General. 2006.
5. National Family Health Survey (NFHS–2) Key Findings. International Institute for Population Sciences. 1998–99:12p.
6. WHO. The safe motherhood initiative, a decade after Nairobi. Achievements in the WHO Eastern Mediterranean Region. 1998.
7. Ibne Sina. *Al Qanoon Fil Tib*. New Delhi: Idara Kitabus Shifa; 2010; 3: 1070–78p, 1085–86p.
8. Razi Zakaria. *Kitabul Mansuri*. New Delhi: CCRUM. 1991; 179–80p.
9. Jurjani Ismail. *Zakheera Khwarzam Shahi* (Urdu translation by Hadi Hasan Khan). New Delhi: Idara kitabus Shifa. 2010; 6: 602–19p.
10. Zakaria Razi. *Kitabul Hawi* (Urdu translation). New Delhi: CCRUM. 1999; 9: 73–92p.
11. Qarshi Hakeem MH. *Jame-ul-Hikmat*. New Delhi: Idara Kitabus Shifa. 2011; 1134–38p.
12. Chandpuri Kauser. *Moajizul Qanoon*. New Delhi: Qaumi Council Barae Farogh Urdu Zaban. 1998; 385–88p.
13. Qarabadeen Majeedi. New Delhi: *All India Unani Tibbi Conference*. 1984; 54: 61, 413p.
14. Anonymous. *National Formulary of Unani Medicine*. Part 1. New Delhi: MOHFW. 2006; 75: 86–87p.
15. Anonymous. *National Formulary of Unani Medicine*. Part 5 & 6. New Delhi: MOHFW. 2008; 19, 20, 23, 57, 63, 66–67, 71–72, 77, 80, 81, 109–110p.
16. Anonymous. *The Unani Pharmacopoeia of India*. New Delhi: MOHFW. 2007; 2(1):31–32p.
17. Kabeeruddin M. *Al Akseer*. New Delhi: Aijaz Publishing House. 2003; 2: 1382–86, 1389–90, 1401–07p.

### Cite this Article

Khan Atiya, Malik Itrat. Antenatal care (*Tadabeer-E-Haamla*) in Unani Medicine. *Research & Reviews: A Journal of Unani, Siddha and Homeopathy*. 2015; 2(3): 1–5p.

## APPENDIX

### Scientific Names of Drugs Used in the Paper

Unani name	Scientific name
Unnab	<i>Zizyphus vulgaris</i>
Aalu Bukhara	<i>Prunus domestica</i>
Sapistan	<i>Cordia dichotoma</i>
Gul e Surkh	<i>Rosa damascene</i>
Gul e Gaozaban	<i>Borago officinalis</i>
Kewra	<i>Pandanus tectorius</i>
Khiyarshambar	<i>Cassia fistula</i>
Sheer Khasht	<i>Fraxinus ornus</i>
Badam	<i>Amygdalus prunus</i>
Mastagi	<i>Pistacia lentiscus</i>
Kundur	<i>Boswellia serrata</i>
Piyaz	<i>Allium cepa</i>
Khardal	<i>Brassica nigra</i>
Tukhm Karafs	<i>Apium graveolens</i>
Anisoon	<i>Pimpinella anisum</i>
Razyana	<i>Foeniculum vulgare</i>
Masoor	<i>Lens esculenta</i>
Mazu	<i>Quercus infectoria</i>
Gulnar	<i>Punica granatum</i>
Baloot	<i>Quercus incana</i>
Barg Karnab	<i>Brassica oaracea</i>
Turanj	<i>Citrus medica</i>
Elwa	<i>Aloe barbadensis</i>
Sandal	<i>Santalum album</i>
Foful	<i>Areca catechu</i>
Inab us salab	<i>Solanum nigrum</i>
Tabasheer	<i>Bambusa arundinacea</i>
Ajwain	<i>Trachyspermum ammi</i>
Saatar	<i>Zataria multiflora</i>
Anjdaan	<i>Ferula foetida</i>
Podina	<i>Mentha arvensis</i>
Narkachoor	<i>Zingiber zerumbet</i>
Shibb e Yamani	Aluminum Hydroxide